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Most countries in the Western Hemisphere have reduced their incidence rates of HIV/AIDS, but Haiti continues to experience alarming increases in diagnosed cases. This paper examines how political turmoil, poverty, violence and gender inequality contribute to the threat of HIV/AIDS throughout this region, and in particular, how gendered societal constraints make women especially vulnerable by compelling them to prioritize economically-beneficial sexual unions over personal health. Only when societal and economic factors are identified can a global eradication of the disease become possible.

POVERTY, INEQUALITY AND POWER DYNAMICS: Women and their Role in the Haitian AIDS Epidemic

by Emily Purcell
The Haitian AIDS Epidemic: An Introduction

The AIDS pandemic has caused great alarm across the globe in the past thirty years. Initially, research efforts were launched in an attempt to control the spread of the disease. However, the infection spread rapidly. No longer just the disease of Caucasian homosexual men, AIDS has expanded to encompass people of all races, sexual orientations, and genders. The shift from distinct risk groups to an entire global population humbled all prevention efforts. Recent prevention efforts have resulted in reduced or leveled rates of HIV/AIDS incidents in countries such as such as North and Latin America. Unfortunately, not all regions are experiencing such favorable results. According to the Central Asian Regional Economic Corporation (CAREC), “The Caribbean remains the only region in the Western Hemisphere with steadily increasing rates of HIV.” Areas within the Caribbean, including the Republic of Haiti, have been struggling to control the disease due to a long history of poverty and political turbulence. Just before the arrival of HIV/AIDS, there was a sizeable interval of political and social turmoil.2 This chaos undermined preventative efforts, and was a catalyst for the rapid integration of AIDS into all aspects of Haitian society. Today, about six percent of Haiti’s adult population is infected with HIV (the highest rate of infection in the western hemisphere) and approximately 30,000 Haitians die from the disease each year.3 Risk of HIV infection spread from distinct groups, such as sex workers and homosexual men, to encompass the entire Republic of Haiti. Not only was the entire region affected, but the demographics of the illness shifted. Eighty-eight percent of initial cases of AIDS in Haiti were among men, but by 1983, women accounted for about a quarter to a third of all cases of the disease.4

The disease has shifted from prevalence in one gender to another. “By the end of 2007, 53 per cent of all reported cases of HIV in the country were among women aged 15 to 49 years old.” The expansion of AIDS throughout Haiti is fuelled by poverty, various types of sexual union, violence and power dynamics between genders—all of which are factors involved in gender inequality. Societal expectations and limitations for women draw the focus away from personal health and protection and towards economic support and stability.

Although dynamics within society and between genders drive the majority of the AIDS epidemic, women’s biological vulnerability plays a small role in their increased infection. HIV is transmitted more easily from men to women than from women to men. This is because the virus “is more highly concentrated in semen than in vaginal secretions; male ejaculate is orders of magnitude larger than that of females; anatomic considerations clearly favor viral penetration of the vagina (or rectum), in which infected ejaculate may easily pool.” Although this biological disadvantage is not the underlying cause of the epidemic in Haiti, it does highlight the overall theme of female vulnerability.

The Transition: The Risk Group Shift

When AIDS first emerged in Haiti, the high risk groups, such as gay men, drug users and prostitutes, were blamed for the spread of the disease. However, as the epidemic progressed, it shifted to encompass heterosexual couples and genders. It was clear in the early phases of the AIDS epidemic that the focus of the prevention programs was prostitutes and their customers. This was because the destitute conditions of Haiti drove women to sell their bodies to earn enough to survive. However, “the epidemic moved out from these primary risk groups to Haitians not at first regarded as populations at risk. In contrast to the early years when cases of AIDS were observed almost exclusively in men, HIV infection in today’s society has now shifted to women and children.” When the first cases of the epidemic reached the village of Do Kay, the people infected were interviewed. Out of all the natives of Do Kay, “None of the first four villagers diagnosed with AIDS had a history of transfusion with blood or blood products; none used illicit drugs, and none had a history of homosexual contact or other ‘risk factors’ as designated by the CDC.” All four natives did share one characteristic, though—they all lived in severe poverty. Many women who contracted HIV, like those in Do Kay, were blamed to be sexually promiscuous. However, in a cross-sectional study conducted on pregnant women attending prenatal care in a hospital in Deschapelles, Haiti, “participants were primarily monogamous, with 61% reporting only one partner in their entire life...However, despite the monogamous behavior by the women, 61% of women reported that they perceived their primary partner had another partner.” Therefore, women were more at risk not because of their own sexual promiscuity, but because of their partners’ activity. Women with only a few partners still risked contraction of HIV.

Subsequent research conducted in the impoverished regions of Port-au-Prince concluded that the “high seropositivity rate (8%) found in pregnant women 14 to 19 years of age suggests that women [in Cite Soleil] appear to acquire HIV infection soon after becoming sexually active. Moreover, this age group is the only one in which a higher seropositive rate is not associated with a greater number of sexual partners. Women with only one sexual partner in the year prior to pregnancy actually have a slightly higher prevalence rate...This suggests that they were infected by their first and only partner.” This research discounts the former belief that sex workers were the ones at highest risk...
for contracting HIV. Because of this significant seropositivity rate, marriage and sexual unions are now included in the risk factors for women along with prostitution and drug use.

**The Exodus Towards the Cities**

Haiti has experienced a significant amount of political unrest, among other tumultuous conditions. The spread of the AIDS epidemic is fueled not only by poverty and economic instability, but also by political crisis. This is due to the fact that “anarchy and violence are likely to lead to higher rates of rape, and women in isolated areas who have no access to food for their families might be driven to form partnerships with soldiers or truckers.”

Because of the political unrest, the economy of Haiti is dwindling. People who live in the rural Haitian countryside travel to cities such as the capital Port-au-Prince in search of better economic opportunity. Because of societal expectations and restrictions that come into play with gender, women are often forced into unions with men for economic support. Women look to men, often soldiers and truck drivers, for a steady economic income. In a case-control study of AIDS in rural Haitian women it was found that “the chief risk factors in this small cohort seemed to involve not number of partners, but rather the professions of these partners. Fully eight of the women with AIDS/ARC had histories of sexual contact with soldiers or truck drivers.” The issue is that the men working in these professions have a higher risk for contracting HIV than do peasants living in rural areas. Searching for conjugal alliances with men with salaries, such as soldiers or truck drivers, suggests women’s economic dependence on men for financial security. These unions with salaried men are an indicator of poverty, one of the strongest causes for the increase in infection rates in Haiti.

**Poverty, Inequality, and Sexual Unions**

Poverty has been an issue in Haiti ever since colonists started producing sugar cane as a cash crop. Foreigners exploited the countryside and its inhabitants, and Haiti was left impoverished and desolate. Numerous political upheavals and a history of political unrest have encumbered Haiti with massive losses in unemployment, education, and health care. These issues affect all inhabitants of Haiti, but “women pay the greatest price in terms of low income, low literacy, high infertility, and high infant and maternal mortality.”

However, despite their disadvantages in almost every aspect of society, Haitian women are expected to find ways to support themselves and their families. Many Haitian women turn to men as a source of fiscal stability. One young Haitian woman profiled in Farmer et al., Acephie Joseph, is from the rural village of Do Kay. Acephie began to follow her mother to the market to carry produce to help raise money for her family. On one of her trips to the market, “she met a soldier, formerly stationed in Port-au-Prince, who began to make overtures to the striking young woman from Do Kay. Acephie …’looked around and saw how poor [they] all were …It was a way out, that’s how I saw it.’”

Acephie follows the trend of young, rural Haitian women entering sexual unions in exchange for monetary support. According to Farmer et al., Acephie is by no means a unique story: “In fact, in each case of AIDS diagnosed in Do Kay, young adults were driven to Port-au-Prince by the lure of an escape from the harshest poverty…women were straightforward about the non-voluntary aspect of their sexual unions: in their opinions, they had been driven into unfavorable unions by poverty.”

Unfortunately, because many of these sexual unions are nonbinding, the men are free to leave the women without consequence at any point in the relationship. According to marriage laws in Haiti, a husband is obligated to support his wife and children. However, “less than 25 percent of Haitian men and women aged fifteen to forty-nine are married.”

Many Haitian citizens simply cannot afford marriage, so many women are involved in relationships lacking compulsory economic support. If a Haitian woman who participates in a nonbinding union contracts HIV/AIDS, her sexual partner may leave her without consequence from the law. She will have to fend for the wellbeing of herself and her children. For many women in this scenario, finding another partner is their only option. This cycle contributes to the expanding practice of serial polyandry, another contributor to the spread of HIV/AIDS in Haiti.

Gender inequality in Haiti drives the phenomenon of serial polyandry. This survival strategy occurs when a woman has “a succession of partners, each one providing her with one or more children, along with the hope that the father may offer some support.” This phenomenon fuels the AIDS epidemic because sex becomes the only commodity that women can offer. The chain of consecutive marriages begins early for women, where cultural tradition...
promotes early sexual behavior. According to a study conducted on Haitian street children, “adolescent girls are two to three times more likely to be HIV or syphilis-infected compared to boys of the same age due to sex with older men.” As with Acephie, young Haitian women cannot afford to refuse the sexual advances of older men. As related in Farmer, a young woman named Guylene from Savanette, Haiti, agreed to plasaj, a nonbinding union with a man twenty years her senior. After the man left Guylene with two children, she met another man who offered a union once more. After three years, Guylene was diagnosed with HIV. After her positive diagnosis, Guylene reacted to the advances of another interested soldier, who had a wife and two children. Guylene’s story is a tale of poverty and death, and she ends up with HIV infection at a young age. However, despite her disease, Guylene conceives another child. In doing so, she most likely infects her partner, who goes home and infects his wife. This necessity to find a partner drives the AIDS epidemic in Haiti. Although Guylene understood that she was infected with AIDS, she had little choice but to find someone to support her. In the end, however, she was left relying on her elders to care for her remaining children. This vicious cycle continues until the woman finds a stable partner or death. The act of acquiring a man and bearing his children can drive a woman further into poverty. For instance, Acephie worked in the city until she discovered that she was pregnant: “This displeased both her partner and employer. Sans job and sans…"

Instead of providing her with a stable partner, Acephie’s pregnancy made her even more economically unstable and reliable on finding a man for support. Both Acephie and Guylene spent their lives in search of a stable relationship. “In a country in which few couples legally marry, bearing a man’s child (and hence putting oneself at further risk for HIV) is one of the few ways in which a woman can legitimize her relationship with a man.” The practice of plasaj, or nonbinding union, outnumbers marriages in Haiti three to one. Plasaj is understood to be polygamous, for men can have multiple standing unions at once. This multi-partner drives the AIDS epidemic in Haiti.

Although there have been significant increases in HIV knowledge, technology, and treatment around the world, there has been little change in condom use and protection from sexually transmitted infections in countries such as Haiti. Part of the reason for the unchanging practice of unprotected sex is due to lack of education. “Of a national study conducted in Haiti…24% of women and 14% of men believed that HIV could not be prevented. Furthermore, 35% of women…surveyed knew that HIV could be prevented, but could not name any method of prevention.” However, the majority of the explanation for the lack of adaptation in contraception use is due to gender inequality and relationship dynamics in Haiti. Many women in Haiti are aware of the risks of unprotected sex but fear the consequences of asking their partners to use protection more than contracting HIV.

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**Sexual Violence: The Fear of Retaliation**

The patterns of sexual unions in Haiti are driven by the necessity of women to find stability, in economic and social terms. These economic power differentials make it difficult for women to exercise control in contraceptive decisions. According to Devieux et al., “A study among women in rural Haiti found that 54% of women reported forced sex. Factors related to economic vulnerability … as well as a younger age and having STD-related symptoms were associated with forced sex.” Violence against women, such as forced sexual relations, promotes the spread of HIV infection. Forms of such violence include psychological violence as well as physical abuse. According to the Ministry of Women’s Affairs and Women’s Rights in Haiti, thirty percent of women living in Haiti suffer physical, emotional or sexual violence from their partners. Tanya, a young Haitian woman, recounts being abused by one of her partners. When she did not want to have sex, her partner “imposed himself upon [her] …He blamed [her] lack of affection and even imagined that [she] was having an affair with another man. Finally, [she] had to let him do it.” This psychological abuse degraded Tanya until she agreed to have sex with her partner. Violence, such as in Tanya’s relationship, is one of the many reasons for a lack of condom use throughout Haiti.
women do not ask their partners to use condoms because they are afraid of being accused of disloyalty. By being accused of infidelity, they are afraid “of jeopardizing a relationship in the building of which they have invested energy, emotion and many years of their life.” Many women are afraid of losing their economic stability if they ask to use protection. To some women, this fear of losing support is more imperative than the fear of contracting HIV.

Women’s fear of retaliation is one factor relating to the lack of condom use. Another is the cultural belief system, where gender inequality is supported by cultural convictions. For instance, some Haitian women believe that a woman is only right to ask her partner to use a condom when she is certain that he is being unfaithful; otherwise, she has no right to ask for protection during sexual intercourse. Haitian society drives the insubordination of women economically and sexually so that they have little say when it comes to protection from sexually transmitted diseases.

**Gender Power Dynamics**

All of the factors driving the spread of HIV infection deal with the dynamics of power between genders. Employing protective methods, such as condoms during sex depends entirely on the influence that each partner has within the relationship. Australian sociologist Raewyn Connell is the author of the theory of gender and power, which is comprised of three major categories: the sexual division of labor, structure of cathexis, and the sexual division of power. The sexual division of labor deals with control of money and economic stability. The structure of cathexis deals with gender differences in the investment of emotional energy in the relationship. The sexual division of power deals with the dynamics of power between the genders within the relationship, which often reflect the forces of power between

*Turning the Corner*, Tom McMurtrie
genders within society. These three sections are vital in understanding the forces behind the AIDS epidemic. For instance, the sexual division of labor dictates income and economic consistency, which influences sexual risk behaviors taken by Haitian women in search of economic support. The sexual division of power “seems particularly relevant to the social and economic environment of rural Haiti…Lack of economic resources, especially among women, can reduce decision-making power and has been linked to increases in HIV and STI risk.”

Women who are involved in relationships with power discrepancies often experience inferiority when it comes to decisions relating to contraceptives. According to the Bulletin of the Pan American Health Organization, in 1993 “61% of Haitian women felt it was exclusively the males’ right to choose whether or not to use a condom.” The power dynamics of gender dictate women’s access to personal health and protection. The authority of the men in Haiti dominates that of the women in many aspects of the relationship. When sexual power is not shared equally between the two genders, decisions involving sexual interaction lead to a lack of protection from sexually transmitted diseases like HIV/AIDS.

The unbalanced power within a relationship is a catalyst for the spread of HIV infection. While men often have authority over women, women can also wield power over men. Many women refer to their sexuality as “my property” or ‘my capital,” thus defining sex in terms of a marketable commodity.” This commodity gives women the power to seek out an economically supportive relationship. This influence, however, is fickle. Refusing to partake in sexual relations is not an option that many women feel they possess. Women fear that, by refusing sex to their partners, “they will send the man back out to the streets to find a more compliant woman who will infect him with HIV, which he will then carry back to the woman at home. Women tend to agree that refusing sex amounts to less than a death warrant for themselves.” For this reason, toy ing with sexual power is a dangerous game. The forces of power within relationships and society as a whole drive the insecurity of women, the lack of attention to contraceptive measures, and therefore, the AIDS epidemic.

Pregnancy and AIDS
A significant impact that serial polyandry has on the AIDS epidemic is through cases of AIDS in children. In 1987, 3.6 percent of all cases of AIDS in Haiti were pediatric cases; just two years later, that statistic had risen to 6.6 percent. This statistic would be even higher, but most of the children who are infected die before their HIV develops into full-blown AIDS. Also, because of infrequent medical care, many mothers are not aware that they are infected with HIV until they visit the hospitals for prenatal care. They most likely will pass their infection on to their children, who die from complications during the first years of development. Based on data collected by various research groups, “approximately seventy thousand seropositive women in Haiti will give birth to between twenty-eight hundred and forty-five hundred HIV-infected infants a year, or an average of eight to twelve new cases a day.”

Also, based on data from the Centers for Disease Control and the World Health Organization, HIV infection, rather than malnutrition, was found to be the biggest contributor to child mortality in Haiti. This figure is noteworthy, considering Haiti ranked above India and Sudan in under-five child mortality in 2000. Societal expectations compel women to have children, and women spread HIV infection through childbirth: this cycle is one of many that perpetuates the AIDS epidemic in Haiti.

Conclusion
Haiti has always experienced poverty and inequality. With each successive political coup, poverty, violence and disease have wracked the struggling nation. Therefore, it was no surprise that AIDS emerged as a notable sexually transmitted infection. However, the spread of the infection from risk groups in the cities, such as prostitutes and homosexuals, to heterosexual couples across the countryside was a disconcerting dilemma. Stigma and discrimination shrouded the disease as researchers and anthropologists searched for an explanation. Finally, gender inequality emerged as a culprit of the spread of infection. The disparity between genders determines “the extent to which sexism will mark the course of HIV disease. In highly sexist settings, the disclosure of HIV infection is more likely to provoke stigma and threat of domestic violence than in environments where women enjoy gender equity.” Domestic violence is a consequence of the power discrepancy within relationships. Fears of retaliation or abandonment promote habits of unprotected sex and exposure to HIV. Societal expectations drive women into unwilling unions and, perhaps, even deeper poverty: Women bear children to legitimize their relationships, and are often left without a partner for support. All of these factors driving the spread of HIV infection are connected in a complicated system of stigma, expectation and culture. By finally understanding the underlying causes of the AIDS epidemic in Haiti, prevention efforts can be better directed and perhaps level the increasing number of AIDS cases. Global eradication of the disease is a fantastic goal. Nevertheless, understanding the causes of disease proliferation is a vital step in the complex battle against HIV/AIDS.